

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Kaptur for Congress

Full Name (Last, First, Middle Initial)

**A.** Ron Klein for Congress (FL-22)

Mailing Address 301 NE 51st St Ste 2198

City Boca Raton State FL Zip Code 33431-4929

Purpose of Disbursement  
CONTRIBUTION FL-22

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61009.E1753

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Jim Marshall For Congress (GA-08)

Mailing Address PO Box 125

City Macon State GA Zip Code 31202-0125

Purpose of Disbursement  
CONTRIBUTION GA-08

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61009.E1777

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Alan Mollohan for Congress (WV-1)

Mailing Address PO Box 1343

City Fairmont State WV Zip Code 26555-1343

Purpose of Disbursement  
CONTRIBUTION WV-01

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61009.E1774

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....